



# TEXAS DEPARTMENT OF LICENSING AND REGULATION

*Enforcement Division*

*P.O. Box 12157 • Austin, Texas 78711 • (512) 539-5600 • (800) 803-9202 • fax (512) 539-5698*

*Web site: [www.tdlr.texas.gov](http://www.tdlr.texas.gov)*

April 18, 2018

JENNIFER KELLEHER  
316 TOWNE VUE DR  
CASTLE HILLS TX 78213 2519

Subject: Jennifer L. Kelleher (Respondent); Case Number: MID20180000991

Dear Ms. Kelleher:

The Texas Department of Licensing and Regulation (Department) has concluded its investigation of the above-referenced case number. From the results of the investigation, it does not appear that there is sufficient evidence to establish that there was a violation of the Texas Midwifery Act and Rules.

At any hearing in which the Department seeks a sanction or penalty against a licensee or other individual, the burden is on the Department to prove that the licensee or individual committed a violation of the law or rules in place at the time of the alleged violation. We do not believe the evidence in this instance is sufficient to establish a violation was committed. Therefore, I am withdrawing the Notice of Alleged Violation and closing this case with no further action.

Any questions regarding this case should be addressed to Mona Skillingberg, Legal Assistant, Enforcement Division at (512) 539-5597 or e-mail [mona.skillingberg@tdlr.texas.gov](mailto:mona.skillingberg@tdlr.texas.gov).

Yours very truly,

A handwritten signature in black ink, appearing to read "KJ Cox", written over the printed name.

Karen J. Cox  
Prosecutor  
Enforcement Division

KJC/ms

CC: Complainant  
Investigator

## TEXAS DEPARTMENT OF LICENSING AND REGULATION

www.tdlr.texas.gov

## COMPLAINT FORM

Mail To:  
**TEXAS DEPARTMENT OF LICENSING AND  
 REGULATION  
 ENFORCEMENT DIVISION  
 P.O. BOX 12157 • AUSTIN, TEXAS 78711  
 (800) 803-9202 • (512) 539-5600  
 FAX 512-539-5698**

Date Received:  
 (For Department Use Only)

Notice

Under the Texas Public Information Act, the complainant's identity is not confidential. In the event your complaint is opened for investigation, enforcement procedures require a copy of the complaint and all associated documentation be forwarded to the Respondent including your name and contact information.

**A. You, as the complaining party:** (If you wish to file your complaint anonymously to ensure your identity is not revealed, you must leave this section blank. If you file your complaint anonymously you will not receive case status updates.)

Name: Dr. Jenna Banner

Address: [REDACTED] 7950 Floyd Curl Dr, Tower I,  
 Suite 109, SA TX 78229

City: [REDACTED] State: [REDACTED]

Zip: [REDACTED]

Work Phone: (210) 426-3663 Home Phone: [REDACTED]

Fax: (210) 426-3660

E-Mail: [REDACTED]

Contact from the Department will be via e-mail if you provide an e-mail address

**B. Would you be willing to testify if this case goes to a hearing?** Yes ☒ No ☐

**C. The person, firm, building or facility you are complaining about (Respondent):**

Name: Jennifer L. Kelleher, CPM, LM-NPI# 1063584084

Company or Facility Name: Birth Experience Midwifery Care

Physical Address: 131 E. Evergreen Street

City: Boerne

State: Tx

Zip: 78006

Mailing Address (if different than above):

City:

State:

Zip:

Telephone numbers:

Office - (210) 377-0707

Fax-

E-mail:

License or Registration Number: 05002

www.tdlr.texas.gov

**D. Explanation:** Describe your complaint in detail. Include dates, names, locations, type of service provided by respondent and events leading to you filing this complaint. If the space provided below is not adequate, you may attach additional pages. Please include with your complaint, any documentation regarding your complaint.

If you are filing your complaint anonymously it is important that you include any associated documentation (making sure you have removed your name from all documentation). If the information provided with your complaint does not contain enough information for the Department to believe a violation may have occurred, your complaint may not be opened for investigation.

Patient JG brought in to CSR WOH by midwife JK via private vehicle ~ 4 hours post-vbac delivery for continued [REDACTED] bleeding and abdominal pain. Per report, the patient did not have a hemorrhage, but her EBL ~~was~~ was "600cc". Midwife JK reported expressing the patient "multiple times" with additional blood / clots noted. Patient JG reported having continued and severe abdominal pain since delivery. Her surgical history was notable for 2 prior cesarean sections.

Respondent provided inappropriate care to patient by performing a planned home /vbac delivery for a high risk patient with 2 prior cesarean deliveries and a macrosomic fetus. There was a long delay in transport of this patient to a hospital setting, in addition to lack of appropriate knowledge about the hospital setting that the patient was brought to (no blood bank or in house OB/GYN). The [REDACTED] encountered were extensive and severe - and seen with forcep deliveries.

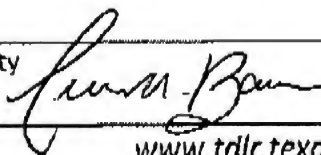
Records available with subpoena, please contact CHRISTUS Santa Rosa

Risk Management: Gaylynn Griffin, 333 N Santa Rosa, Risk Mgmt, San Antonio, TX 78207  
Fax: (210) 704-4865

SIGNATURE BLOCK

Tel: (210) 704-4558

Signature of the complaining party



Date

9-24-2017

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

## Complaint Form

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Texas Department of  
Licensing and Regulation

P.O. Box 12157 Austin, Texas 78711  
800-803-8202 / TDD: 800-735-2986

## COMPLAINT FORM

## NOTICE

If you wish to file your complaint anonymously to ensure your identity is not revealed, you must leave section 'B' (You, as the complaining party) blank.

If the complaining party files anonymously they will not receive automated status updates.

Filing a midwife complaint online is not an option at this time. For your convenience we have included this link to the [complaint form](#) that may be printed. After completing the printed form, please send it along with supporting documentation to TDLR, Enforcement Division.

Please do not send original documents. Electronic files may be submitted on CD or DVD. All documents and media you send us will be scanned, electronically saved, and then destroyed.

Submitted documentation can only be received via fax number (512)539-5688, USPS mail to TDLR, Enforcement Division, P.O. Box 12157, Austin, Texas 78711, or hand delivery to TDLR at 920 Colorado, Austin, Texas 78701.

In order for the Texas Department of Licensing and Regulation to pursue an investigation of your Midwife complaint please provide all documentation and information related to your complaint. If your complaint does not contain enough information for the Department to make a determination that a violation has occurred, your complaint may not be opened for investigation.

When completing section D of this form, important information to support your complaint may include:

- complete explanation of your complaint
- client/patient name, address and phone number if you are filing complaint on behalf of someone other than yourself
- if you are filing complaint on behalf of someone other than yourself, include your relationship to the client/patient
- age of client/patient if a minor
- full name, address, phone and license number of midwife
- dates midwife provided care
- address at which care was provided
- name, address and telephone number of any witness who may have information about the alleged violations
- date medical attention was sought, name of attending medical personnel, diagnosis and treatment
- if medical attention was sought, the name and address of the facility

Documentation to support your complaint may include: (Please do not send original documents. All documents you send us will be scanned, electronically saved, and then destroyed.)

- advertisements/business cards
- receipts of payment made
- photographs/videos
- written statements made by any witness you identified in your complaint
- medical charts, records and diagnosis, by anyone who provided medical treatment (Doctor, etc.) as a result of the care provided by the midwife
- all documentation provided by the midwife

Please submit additional documentation in support of your complaint to the Department by fax (512)539-5688 or mail to TDLR, Enforcement Division, P.O. Box 12157, Austin, Texas 78711. Please do not send original documents. All documents you send us will be scanned, electronically saved, and then destroyed. Submitted documentation can only be received via e-mail, fax or regular mail. Attachments cannot be submitted with this link.

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